

XC-20 431 428
SL-14853THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37761

FILED NOV 15 1957

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003		Registrar's No. 10655
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 48 days	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 35 John Cochran			e. STREET ADDRESS (If rural, give location) 921 1/2 722 NO. 20TH STREET		
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH L. LINEHAN b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 11/7/57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 5/15/04	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRAFTSMAN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) EAST ST. LOUIS, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME JERRY J. LINEHAN		13b. MOTHER'S MAIDEN NAME ELIZABETH WAISH		14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF RECTUM WITH WIDESPREAD METASTASIS UNKNOWN ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 154x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 20 SEPT., 1957, to 7 NOV., 1957, that I last saw the deceased alive on 7 NOV., 1957, and that death occurred at 9:20 Am., from the causes and on the date stated above.					
23a. SIGNATURE H. F. Westphaelinger, M.D.		23b. ADDRESS VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 11/7/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE H. F. WESTPHEALINGER, M.D.		24c. LOCATION (City, town, or county) (State) Mt. Carmel Belleville, Ill	
DATE REC'D BY LOCAL REG. NOV 8 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Chas M. Burke East St Louis	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Chas M. Burke

Licensed Embalmer No. *2421*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.